

Audiology tips

From Jemima Philpott and Bridget Jensen

(INF camp in Burtibang, Western region of Nepal, Nov '12)

Just a few of Jemima's tips for setting up the audiology department on INF camps...

The room/s will be mostly set up before you arrive (i.e. audiometers, tymps, drill and lighting sorted), all you will need to do is go through the kit boxes for whatever is not out, normally the hearing aid bits are still in the boxes.

The audiometers all work, however on the last camp the two Amplivox had issues but both were repaired on camp. You need to carry out checks on them morning and afternoon!

The patients are assessed in OPD and then sent to you, if required, for testing, they will bring their forms to you on the first day but by the second day you will have a pile handed to you and the patients will attend with slips with the patient card number on it. The patients must be seen in number order unless instructed otherwise. The patient forms are three sheets and you will have carbon paper to use. If the loss is straight forward SNHL and no other abnormalities, you can go ahead with a fitting, even if the consultant has not said so, if abnormality but the doctor has ringed aid then fit also. If the patient looks like they will have an op but the other ear is also not good and is aidable please aid that ear. Cannot aid after op due to bandaging.

The first day it will start slow but by the end of the day you will find you are probably behind with the number of patients by a day!! DO NOT WORRY! It all works out in the end.

Depending on how many audiologists are on camp and the size of your rooms you have to decide how to work the hearing aid side of things. Every team tackles this differently and you may find another way that works for you. Here are several options.

- 1) If you have two or three audiologists, have one person carry out fittings as and when required and testing when no one to fit.
- 2) If you have a large enough room (i.e. will fit 20 or so people in it) you could do group fittings, this has worked in the past if you bring a group back in the afternoon, then between two of you get moulds and aids sorted then your interpreter can help with a group explanation. The downside to this option is testing stops for at least 1-2hours. Make sure also you don't do this too late in the day as when the light goes this can make life a lot harder with dim lights, and the patients have to walk home in the dark.

Audiometry - you only need to test four points, 5, 1,2 & 4, AC and BC. You do need to mask as far as possible, however you will find problems with over-masking etc. due to the types of losses. Just do the best you can, trying to give the consultants an idea of which ear to operate on if two very similar. Not worth attempting press button switches, using plastic counters into a bowl, works well for all ages (you will need to ask the ladies in OPD clinic for the bowls); or can use raising arm method for some patients, but counters on the whole works really well.

Tymps - will mostly be requested or you know when to carry out, not needed on all patients. Not much paper in machines so just write basics down on patient card for consultant to check.

For fittings making moulds is very time consuming and the material will break down much quicker than if you can find a readymade mould. There is a supply of moulds over there but mostly large ones left, the ears in Nepal are very small. If you can collect and take as many small moulds with you as you can, paediatric or small/medium adult ears. Best if you can contact a few departments before you go for unclaimed moulds. And sort them into left and right and rough size before you go (this will save time when it comes to fitting) you will be surprised at how good you get at looking at an ear and finding a mould that fits so well! You may have to make moulds for profound losses or if you get a BW/BC you want to try (note that there are only a few Body Worn aids out there). Most losses will be flattish so we had pre-programmed aids ready for fitting, this saves huge amounts of time, if you take aids programmed from flat 40's. You won't realistically fit anyone with a 30dB loss. You can program the sloping of large conductive as required.

The laptop over there only has UK NHS Oticon software. Cannot load any new software, as this laptop will not hold enough charge to run the set up disks. A new laptop is being looked at.

And now from Bridget...

- Having programming equipment is very useful. (Otherwise you need to be familiar with analogue hearing aids that there are loads of). We were lucky enough that Jemima had pre programmed aids however after a few days had gone through them all. I had brought along my own Hi pro blue tooth and hearing aids which we took it in turns to program for the following day after dinner. It is amazing how many flat losses there are. However when you do come across a sloping loss, or a child, or someone with big conductive elements that will hopefully get a lot of use out of the hearing aid, then it is nice to be able to program a hearing aid for them on the spot.
- Also best NOT have the volume control active as you want to know they are not changing the setting, as this would then possibly cause feedback in a lot of cases.
- Also you are usually only fitting only one ear, so you can generally always go up in gain requirements.
- Did find doing the fittings as we went along and as needed worked really well. Better than calling everyone back at certain times. Plus less stressful as you don't have a 40-50 people all standing around watching, waiting, talking etc.
- One thing, which really did surprise me, was how well the ready fit plugs work. Used them a lot for ears that were impossible to find a mould for, children, big conductive losses or profound. They worked so well. Would highly recommend trying to get your hands on them to take. There were a few left over, but mainly large size. If I had more I would of used more, as they were a fantastic. Plus so quick and easy to fit and for them to use
- However it is amazing how many people you can fit into moulds. More left and right small soft moulds needed.
- Also more vent trees would be useful. Did leave some new super glue with the supplies.
- Giving people instructions on how to use the hearing aids, such as insertion, was at times difficult. It is very helpful if you can fit them and have a local speak to them and show them the basics so you can carry on with either testing or fitting. *(On some camps you will have*

Peggy to help you; she lives in Nepal, works in an INF hospital, is Australian, speaks Nepali and can do basic audiometry! She is lovely and will look after you; she has been on many camps).

- Using the counters works well when testing. Would recommend using them!
- Also a cultural thing is that the patients don't really say thank you or smile as it meant to take away the value of what you are doing.

Overall it is an amazing experience, one I will never forget. The team and what everyone does is truly remarkable. You will see things you would have never dreamed of, and meet people whose lives will be changed for the better. Do prepare yourself that it will be busy, crazy busy but keep calm. It was so nice at times to be able to throw ideas or have our own consultations between Jemima and myself regarding cases that were difficult (or what the doc scribble said!). It is about teamwork.

On a comfort side take food. Jemima was a life saver with her hot chocolates and cup-a-soups. Others had instant noodles, porridge, plus spreads such as honey/jams, chocolates, sweets and tins of tuna.

I was also there a few weeks before the camp and took off on trekking adventures. The trekking was fun but if I had done it after the camp would not of had the same energy levels as I did from when I first got there. By the end of the camp I was ready to come home as was exhausting.

Enjoy all the joy and happiness that is Nepal. It is one amazing place, with amazing people, places and things to see.